

**READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.**

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Name of Person Filing Jeffrey Marcoux**	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

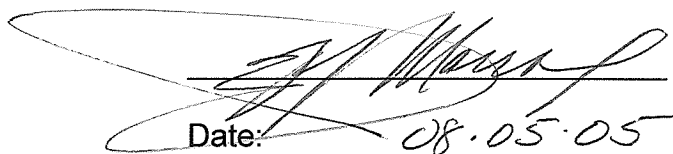
<p>8. Name and address of Business (including trade name, if any).</p> <p>Name New England Carpenter Labor Management Fund</p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any </p> <p>Street 803 Summer Street</p> <p>City Boston</p> <p>State Massachusetts ZIP Code + 4 02127-1616</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name N/A</p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any </p> <p>Street </p> <p>City </p> <p>State ZIP Code + 4 </p>	<p>11.a. Nature of such dealing.</p> <p>Contributions to the New England Carpenter Labor Management Fund are determined by the CBA and a joint board of trustees representing labor and management oversees the operations.</p> <p>11.b. Approximate dollar value of such dealing. \$1,800,000</p> <p>12.a. Nature of interest held or income received.</p> <p>Food/meal for meetings is under \$25 and not reported Lodging for trustee meeting 2/12/04 \$196 Reimbursed expenses on 2/11/04 \$62 Lodging for Trustees meeting on 6/17/04 \$388 Lodging for Trustees meeting on 9/16/04 \$218 Reimb exp Trustee mtg 9/15/04 \$26</p> <p>12.b. Amount. \$890</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name N/A</p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any </p> <p>Street </p> <p>City </p> <p>State ZIP Code + 4 </p>	<p>14.a. Nature of payment.</p> <p>N/A</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p>

### DISCLAIMER

The transactions and income received as detailed in Section 12 of the attached Form LM-30 represent my good faith effort to reconstruct reportable occurrences from January 1, 2004 to December 31, 2004. I did not maintain records of reportable occurrences during 2004, and it is possible that some reportable items may have been unintentionally omitted. If I subsequently learn of a transaction or interest that should have been reported for that time period, I will file an amended Form LM-30.

  
Date: 08.05.05